

Case Number:	CM15-0149554		
Date Assigned:	08/14/2015	Date of Injury:	11/29/2014
Decision Date:	09/10/2015	UR Denial Date:	07/06/2015
Priority:	Standard	Application Received:	07/31/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Connecticut, California, Virginia
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 26 year old female, who sustained an industrial injury on November 29, 2014, incurring upper, mid and lower back, right shoulder, right elbow, right wrist and right knee injuries. She was diagnosed with a cervical, thoracic and lumbar sprain, right shoulder impingement syndrome, right shoulder bursitis, right elbow sprain, right wrist sprain and right knee sprain. Treatment included physical therapy and home exercise program, bracing, medication management, aqua therapy and work modifications. Currently, the injured worker complained of right shoulder pain and spasms with movement and physical activities. She noted decreased range of motion in the right upper extremity. The treatment plan that was requested for authorization included six acupuncture sessions and diagnostic ultrasound to the right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Acupuncture 6 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: CA MTUS states that section 9792.24.1 of the California Code of Regulations, Title 8, under the Special Topics section. This section addresses the use of acupuncture for chronic pain in the workers compensation system in California. The section states that time to produce functional improvement is 3 to 6 treatments with a frequency of 1 to 3 times per week and an optimum duration of 1 to 2 months, with the option to extend acupuncture treatments if functional improvement is documented. In this case, utilization review has denied the request for 6 treatments as there is no provided objective evidence of functional improvement or failure with prior treatment and other modalities. Functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam. Based on the provided records, the non- certification appears reasonable and therefore the request for 6 treatments with acupuncture is not medically unnecessary.

Diagnostic Ultrasound to right shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Ultrasound.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207.

Decision rationale: According to the ACOEM guideline cited, for patients with a shoulder problem, special studies are not indicated, unless there are red flags, or a four- to six-week period of conservative management fails to improve symptoms. The provided documents indicate that patient has shoulder pain but recent records lack legible evidence of clinical changes or concern for development of new objective findings that clearly warrant imaging without conservative workup; there is no clear legible indication of concern for a cuff tear, specifically, that would warrant diagnostic ultrasound. Therefore, while future imaging may be indicated, the request for diagnostic ultrasound of the shoulder is not medically necessary at this time.